

For Agency Use									
APPLICATION NUMBER									
DATE RECEIVED									
Year					Month			Day	

**MONTANA GROUND WATER POLLUTION CONTROL SYSTEM  
APPLICATION FOR PERMIT**

RETURN TO: Department of Environmental Quality  
Water Protection Bureau  
Metcalf Building  
PO Box 200901  
Helena MT 59620-0901

**Questions?** Call (406) 444-3080

**Please Print or Type**

1. Name, address and telephone number of the individual or company which will have responsibility for the operation:
  - A. Name: \_\_\_\_\_
  - B. Mailing Address
    - (1) Street Address: \_\_\_\_\_
    - (2) City: \_\_\_\_\_ (3) State: \_\_\_\_\_
    - (4) Zip: \_\_\_\_\_ (5) Telephone Number: \_\_\_\_\_
2. Give the exact location of the proposed operation.
  - A. Quarter: \_\_\_\_\_ B. Section: \_\_\_\_\_ C. Township: \_\_\_\_\_
  - D. Range: \_\_\_\_\_ E. County: \_\_\_\_\_
3. Check any of the following circumstances which may apply to your operation.
  - A. Lined retention pond containing waste or process chemicals
  - B. Unlined retention pond containing waste or process chemicals
  - C. Land application of liquid or solid waste
  - D. Stock pile of potential polluting material on land
  - E. Other (description) \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

4. Describe the general nature of the waste or process chemicals to be maintained on the site.

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5. The operation is expected to begin on or about \_\_\_\_\_  
Month Day Year

6. Briefly list any other agencies that will be reviewing this operation. \_\_\_\_\_

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7. Provide a sketch map, if appropriate, and brief description of your proposed operation.

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*I certify under penalty of law that I personally examined and am familiar with the information submitted in the attached document; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Application Signed

\_\_\_\_\_  
Signature of Applicant

Section 75-5-633 provides that any person who knowingly makes a false statement, representation, or certification on this application shall, upon conviction, be subject to a fine of not more than \$10,000 or by imprisonment for not more than six (6) months, or both.

***DEQ estimates processing time for this application to be 180 days.  
(Only 30 days for general permits.)***